

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90122 040 ***150.00

DOCUMENT # **P99000023080**

1. Entity Name
UNIVERSAL ASSISTANCE, INC.



Principal Place of Business
**155 SOUTH MIAMI AVENUE
PH2C
MIAMI FL 33130
US**

Mailing Address
**155 SOUTH MIAMI AVENUE
PH2C
MIAMI FL 33130
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-0917511**
Applied For
Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORTIZ, MICHEL
155 SOUTH MIAMI PH2C
MIAMI FL 33130**

Name **ELeusis Chouza**
Street Address (P.O. Box Number is Not Acceptable)
155 S. MIAMI AVE PH-2C
City **MIAMI** FL Zip Code **33130**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **1/15/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GUTIERREZ CORDOBA, CLAUDIA	
STREET ADDRESS	155 SOUTH MIAMI AVENUE PH2C	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALBISTUR, VIRGINIA	
STREET ADDRESS	155 SOUTH MIAMI AVE PH2C	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	S	<input type="checkbox"/> Delete
NAME	ORTIZ, MICHEL	
STREET ADDRESS	155 SOUTH MIAMI AVENUE PH2C	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDREANI, MARCELO L	
STREET ADDRESS	155 SOUTH MIAMI AVENUE PH2C	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* DATE **01-22-2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)